

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/009595**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2		/				
3	/		/		/	
4		/		/		
5	2		2		2	
6	0		2		2	
7	0		2		2	
8	0		2		2	
9	0		2		2	
10	0		2		2	
11	0					
12	0		2		2	
13	0		2		2	
14	0		2		2	
15	/					
16		/				
17		0				
18		0				
19		/				
20		/				
21		2		2		2
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23		/				
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49						
50						
TOTAL IND.	5		4		5	
TOTAL DEP.	22	→	23	→	28	→
TOTAL CLAIMS	27		27		28	

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					